

QUARTERLY METER REPORT – ELECTRIC
SEND TO THE KENTUCKY PUBLIC SERVICE COMMISSION

GENERAL INFORMATION

NAME OF UTILITY: _____	QUARTER: _____
TEST YEAR: _____	DATE SUBMITTED: _____

METER STATISTICS

CUSTOMER TYPE	METERED	NON-METERED	TOTAL
RESIDENTIAL			
COMMERCIAL			
INDUSTRIAL			
OTHER			
TOTALS			

PERIODIC TEST PROGRAM: YES ___ NO ___ IF SAMPLE PROGRAM LIST CASE #: _____

IF SAMPLE PROGRAM LIST # OF GROUPS: _____

UTILITY OR APPROVED AGENCY PERFORMING METER TESTING: _____

PSC METER TEST PROGRAM STATUS

QUANTITY

METERS TO BE TESTED THIS YEAR	
METERS TESTED THIS QUARTER	
METERS TESTED TO DATE (THIS YEAR)	
DO YOU HAVE METERS IN SERVICE OUTSIDE THE REQUIRED TESTING PERIOD	

METER TESTING

YEARS SINCE METER WAS LAST TESTED	METER TEST RESULTS			
	WITHIN $\pm 2\%$	$> 2\%$ FAST	$> 2\%$ SLOW	NON-REGISTERING
NEW METERS				
0-8 YEARS				
8-25 YEARS				
OVER 25 YEARS				
TOTALS				

BILLING AND REFUND INFORMATION

UNDETERMINED

NUMBER OF TEST MADE AT CUSTOMER'S REQUEST		
NUMBER OF TEST MADE AT COMMISSION'S REQUEST		
NUMBER OF FAST METERS ON WHICH REFUNDS WERE MADE		
TOTAL AMOUNT OF REFUNDS MADE DURING THIS QUARTER		
NUMBER OF CUSTOMERS BILLED ON SLOW METERS		
TOTAL AMOUNT BILLED ON SLOW METERS		
NUMBER OF CUSTOMERS BILLED FOR NON-REGISTERING METERS		
TOTAL AMOUNT BILLED ON NON-REGISTERING METERS		

METER TESTING INFORMATION APPROVED BY:

CUSTOMER AND REFUND INFORMATION APPROVED BY:

SIGNATURE: _____ SIGNATURE: _____

TITLE: _____ TITLE: _____

PLEASE FILE IN A TIMELY MANNER, NO LATER THAN THE END OF THE FOLLOWING QUARTER

PLEASE PROVIDE ALL REQUESTED INFORMATION ON THIS FORM